

**PATENT APPLICATION FEE DETERMINATION RECORD**

Effective October 1, 2000

Application or Docket Number

**CLAIMS AS FILED - PART I**

(Column 1) (Column 2)

TOTAL CLAIMS	10	<input type="checkbox"/>
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	10 minus 20=	* <i>8</i>
INDEPENDENT CLAIMS	2 minus 3 =	* <i>0</i>
MULTIPLE DEPENDENT CLAIM PRESENT		<input type="checkbox"/>

SMALL ENTITY  
TYPE

OR  
OTHER THAN  
SMALL ENTITY

RATE	FEE	RATE	FEE
BASIC FEE	355.00	BASIC FEE	710.00
X\$ 9=	<input type="checkbox"/>	X\$18=	<input type="checkbox"/>
X40=	<input type="checkbox"/>	X80=	<input type="checkbox"/>
+135=	<input type="checkbox"/>	+270=	<input type="checkbox"/>
TOTAL	<input type="checkbox"/>	TOTAL	<i>710</i>

\* If the difference in column 1 is less than zero, enter "0" in column 2

**CLAIMS AS AMENDED - PART II**

(Column 1) (Column 2) (Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	Independent	Minus	** =
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM		<input type="checkbox"/>		

SMALL ENTITY

OR

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=	<input type="checkbox"/>	X\$18=	<input type="checkbox"/>
X40=	<input type="checkbox"/>	X80=	<input type="checkbox"/>
+135=	<input type="checkbox"/>	+270=	<input type="checkbox"/>
TOTAL ADDT. FEE	<input type="checkbox"/>	TOTAL ADDT. FEE	<input type="checkbox"/>

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	Independent	Minus	** =
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM		<input type="checkbox"/>		

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=	<input type="checkbox"/>	X\$18=	<input type="checkbox"/>
X40=	<input type="checkbox"/>	X80=	<input type="checkbox"/>
+135=	<input type="checkbox"/>	+270=	<input type="checkbox"/>
TOTAL ADDT. FEE	<input type="checkbox"/>	TOTAL ADDT. FEE	<input type="checkbox"/>

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	Independent	Minus	** =
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM		<input type="checkbox"/>		

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=	<input type="checkbox"/>	X\$18=	<input type="checkbox"/>
X40=	<input type="checkbox"/>	X80=	<input type="checkbox"/>
+135=	<input type="checkbox"/>	+270=	<input type="checkbox"/>
TOTAL ADDT. FEE	<input type="checkbox"/>	TOTAL ADDT. FEE	<input type="checkbox"/>

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.